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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/557,643	
	Filing Date	09/08/2003	
	First Named Inventor	Sheila L. Schlitter	
	Art Unit	3678	
	Examiner Name	Chuck Y. Mah	
Total Number of Pages in This Submission	2	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
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<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature			
Printed name	Sheila L. Schlitter		
Date	04/25/2005	Reg. No.	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Sheila L. Schlitter</i>		
Typed or printed name	Sheila L. Schlitter	Date	6/13/05

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**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	10/657,643
Filing Date	09/08/2003
First Named Inventor	Sheila Lynn Schlitter
Title	Magnetic Door Stop
Art Unit	3676
Examiner Name	Chuck Y Mah
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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OR

☒ Practitioner(s) named below:

Name	Registration Number
Stanley A. Schlitter	28,799

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☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	Sheila Lynn Schlitter	Date	6/13/05
Name	Sheila Lynn Schlitter	Telephone	(847) 441-7257
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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